## PART B - FEE(S) TRANSMITTAL

CUSTOMER NUMBER 22850

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

ESSTRUCTIONS. This form shalls be used for transmining the ISSUE IEEE and PIBLICATION IEEE (if required) Eblock 1 though 5 should be completed when represents All further correspondence healting the Pibers, deman, codes and additional or featurements reduce used to remain correspondence and the remain of the pibers of the

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

22850 7500 07/12/2010 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

Phereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (5/1) 273-2885, on the date indicated below.

(Depositor's name

			(Date)			
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO		
10/649 690	10/24/2006	C 11b M	2064021100000	2110		

			L				(Signatur	
							(Dat	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO	
10/568,589	10/24/2006	Sung Uk Moon	286483US8PCT			7118		
TILE OF INVENTION	: MOBILE COMMUNI	CATION SYSTEM, MOI		RADIO CONTROL				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	JE PREV. PAID ISSU	JE FEE T	OTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0		\$1810	10/12/2010	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	7				
KARIKAF	ti, KWASI	2617	370-338000	_				
	hange of correspondence address or indication			e patent front page, l		Oblon.	Spinal	
TFR 1.36.3).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication for 'Fee Address' Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up or agents OR, altern	ernatively			-	
			(2) the name of a si	lland, Maier				
			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  2. IVICU 181  3. & Neus			stadt, L.L.P.		
ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or	type)				
PLEASE NOTE: Un recordation as set fort	less an assignee is ident h in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NO	data will appear on the T a substitute for filing	e patent. If an assig an assignment.	nee is ident	ified below, the do	ocument has been filed f	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
NTT Do	CoMo, Ind	₽.	Tokyo,	JAPAN				
lease check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	☐ Individual	Corporation	or other private gro	up entity Governme	
a. The following fcc(s)	are submitted:	4	b. Payment of Fee(s): (F	lease first reapply a	ny previou	sly paid issue fee :	hown above)	
Issue Fee		A check is enclosed.						
☑ Publication Fee (No small entity discount permitted)     ☑ Advance Order - # of Copies			Payment by credit card. Transmitted via EFS-Web.					
Advance Order -	# of Copies	5-	overpayment, to De	eby authorized to cha eposit Account Numb	trge the required the formula	ired fee(s), any del 0030 (enclose ar	ficiency, or credit any n extra copy of this form)	
	tus (from status indicate		D					
	s SMALL ENTITY state		b. Applicant is no l					
iterest as shown by the	records of the United St	uired will not be accepte tes Patent and Trademark	Office.	in the applicant; a reg	gistered atto	rney or agent; or th	e assignee or other party	
Authorized Signature	I WHILL	la,		Date	0	CT 0 1 2010		
Typed or printed nam	(/ / <sub>P</sub>	aul J. Killos	Registration No. Registration No. 58,014					
his collection of inform n application Confiden submitting the complete his form and/or suggest	ation is required by 37 C tiality is governed by 35 d application form to the ions for reducing this bu	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the	on is required to obtain 1.14. This collection is depending upon the in e Chief Information Of	or retain a benefit by estimated to take 12 dividual case. Any c ficer, U.S. Patent and	the public v minutes to omments or Trademark	which is to file (and complete, includin the amount of tin Office, U.S. Depa	by the USPTO to proces g gathering, preparing, as ne you require to comple rtment of Commerce, P.	

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.